

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>  | Mutple layered membrane with fluorine containing polymer layer |                 |  |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|--|--|-----------------|--|-------------|-------------|--|-------------------|-----|------|---|---|------------------------|--|------|----|---|---------------------------|--|------|-----|-----|--|--|--|--|--|
| Application Number :<br>Date :<br>First Named Applicant: Mr. Thomas E Frankel<br>Attorney Docket Number:   |  |                 |  |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 870</b><br><br>Patent fees are subject to annual revisions on or about October 1st of each year.  |  |                 |  |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Filing as small entity<br><br><b>BASIC FILING FEE</b>  |  |                 |  |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>   |  | Fee Description | Fee Code                               | Amount \$   | Fee Paid \$ | Utility Filing Fee                                 | 2001              | 385 | 385  |   |   |                        | Subtotal For Basic Filing Fees: \$ 385 |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Fee Description  | Fee Code   | Amount \$       | Fee Paid \$                            |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Utility Filing Fee   | 2001   | 385             | 385                                    |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|  |  |                 | Subtotal For Basic Filing Fees: \$ 385 |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>EXTRA CLAIM FEES</b>  |  |                 |  |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 18</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td>Multiple Dependent Claims</td><td></td><td>2203</td><td>145</td><td>145</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 145</td></tr></tbody></table> |  | Fee Description | Extra Claim                            | Fee Code    | Amount \$   | Fee Paid \$  | Total Claims : 18 | 0   | 2202 | 9 | 0 | Independent Claims : 2 | 0                                      | 2201 | 43 | 0 | Multiple Dependent Claims |  | 2203 | 145 | 145 |  |  |  | Subtotal For Extra Claims Fees: \$ 145 |  |
| Fee Description  | Extra Claim  | Fee Code        | Amount \$                              | Fee Paid \$ |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Total Claims : 18  | 0  | 2202            | 9                                      | 0           |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Independent Claims : 2   | 0  | 2201            | 43                                     | 0           |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Multiple Dependent Claims  |  | 2203            | 145                                    | 145         |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|  |  |                 | Subtotal For Extra Claims Fees: \$ 145 |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>PRE GRANT PUBLICATIONS FEES</b>   |  |                 |  |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Publication Fee For Early or Voluntary Publication</td><td>1504</td><td>300</td><td>300</td></tr><tr><td colspan="3"></td><td>Subtotal For Additional Fees: \$300</td></tr></tbody></table>  |  | Fee Description | Fee Code                               | Amount \$   | Fee Paid \$ | Publication Fee For Early or Voluntary Publication | 1504              | 300 | 300  |   |   |                        | Subtotal For Additional Fees: \$300    |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Fee Description  | Fee Code   | Amount \$       | Fee Paid \$                            |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| Publication Fee For Early or Voluntary Publication   | 1504   | 300             | 300                                    |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
|  |  |                 | Subtotal For Additional Fees: \$300    |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Credit account number: 4455<br>Expiration Date (YYYYMMDD): 2006-11-30<br>Authorized name: Thomas E. Frankel<br>Billing address: 12603  |  |                 |  |             |             |  |                   |     |      |   |   |                        |  |      |    |   |                           |  |      |     |     |  |  |  |  |  |